

CHAPTER 2

SOCIAL JUSTICE AND DISABILITY

2.1 People with disabilities, like others, have always had a number of roles in society. Firstly, although this is not always fully accepted by some members of the broader community, people with disabilities are members of the wider community, having needs and problems in common with other members of society. Secondly, they are seen as members of a broad group 'people with disabilities', and are often considered one of a number of 'disadvantaged' groups. Thirdly, the emphasis on the specific needs of different groups of people with particular types of disabilities means that different groups emphasise their separate needs rather than their common ones. Overall, the experience of people with disabilities both in general and in employment varies, and hence their capacity to benefit from programs will depend on the severity of disability, on personal experience and on the extent to which programs are aware of and able to accommodate variables or specific factors related to disability.

2.2 The emphasis on social justice or equivalent concepts in both Commonwealth and State/Territory government programs has resulted in the further development of programs with specific goals and measurable objectives. Performance indicators and program evaluation, both quantitative and to a lesser degree, qualitative, have become more common. Programs are increasingly based on identified needs (as opposed to lobbying or submissions)¹ and these needs are established in part through more sophisticated and more extensive data collection systems.² Consultation with service providers and consumers is also a key feature of program development, and the rights of service consumers in particular are being addressed through measures such as complaints units, advocacy services, and a series of appeals and grievance mechanisms.³

2.3 Such program development has meant a restructuring of services for people with disabilities, and the *Disability Services Act 1986*, in conjunction with other legislation, provides the means by which community changes and government policies are realised. The purpose of this inquiry is to determine if this and other legislation, and the programs which have been developed by the Department of Health, Housing and Community Services, to a lesser extent the Department of Employment, Education and Training, and by State/Territory governments, are able

1. See Senate Estimates E, Senate *Hansard*, 18 April 1991, p. E98.

2. Such developments for disability services are relatively recent. See DHH&CS Annual Report 1990-91, p. 94.

3. *Transcript of Evidence*, p. 1577 (DHH&CS). See also DSP Minimum Outcome Standards booklet 1991, pp. 2, 11, 13-18.

to meet the multiple needs of people with disabilities – in short, to determine if access, equity, participation and equality have been or will be realised.

2.4 For participation in society to be enhanced greater opportunities are required for individuals to gain control over their own lives, to be actively involved in making decisions and to be given responsibilities.

The rights of people with communication disabilities are frequently violated in employment situations due to lack of understanding of the nature and impact of communication impairment and how to best respond in the workplace. Service providers in the employment and training area have focussed predominantly on productivity. This has resulted in a range of unmet employee/trainee needs . . . deficits affect the individual's ability to cope with many of the demands inherent in a job and to actively participate in the working environment.⁴

2.5 Many of the changes which have occurred to benefit people with disabilities have done so through giving them greater power, enabling them to access services and options. One witness spoke of 'the opportunity of empowerment' offered through the provision of choice and of services 'directed towards the needs rather than the characteristics of the person'.⁵ 'We are talking about power sharing', said another witness 'eliminating some of the intense feelings of helplessness and hopelessness that can further immobilise disabled persons and/or their families'.⁶

2.6 Lack of power is not peculiar to people with disabilities, and affects substantial sections of the community. However, this form of identification with 'the community' is not necessarily a positive one for people with disabilities, because lack of power and of access is generally perceived as a characteristic of disadvantage. Singly, some disadvantaging factors can affect confidence considerably; combined, a number can limit access and participation for a lifetime.

2.7 In discussing the issue of employment a number of witnesses, although directing their evidence specifically to 'employment' issues, indicated the importance of an integrated approach to needs which would demonstrate the extent of real access and participation:

There are many other factors influencing the lives of people with disabilities, and it is often hard to extricate "employment" and examine it in isolation . . . general community acceptance, recreational needs, health and personal care, accommodation, advocacy and

4. Submission No. 180, p. 1-2 (Australian Association of Speech and Hearing).

5. *Transcript of Evidence*, p. 4445 (Disabled Peoples' International, Queensland Branch).

6. *Transcript of Evidence*, p. 5328 (Australian Association of Social Workers Ltd (Tasmanian Branch). See also p. 5600 (DEAC – Disability Employment Action Centre).

financial outcomes are all intricately linked to a person's success or failure in employment.⁷

While the Committee has not considered these factors in any detail, it has noted those which can contribute to additional disadvantage.⁸

Socio-economic status

2.8 One factor that limits access for a number of people with disabilities is low income. Lack of adequate income affects virtually every area of life and while detrimental effects may superficially be short-lived if a family's or individual's financial situation improves, long term effects can persist. For those who are continually disadvantaged adverse influences are not lessened or decreased. 'Lack of equity and participation marginalises people and perpetuates stigma and prejudice.'⁹

2.9 In the written and verbal evidence, little emphasis was placed on the socio-economic situation of people with disabilities¹⁰, as opposed to the considerable attention paid by organisations and by government departments to the cost of disability in more direct terms (especially in relationship to the economic advantage or disadvantage, to the individual, of employment).¹¹ However, the matter was raised by the New South Wales Council for Intellectual Disability which stated that there was 'a significant correlation between mild intellectual disability . . . and socioeconomic disadvantage. What this is likely to lead to is that the places where people with mild intellectual disability reside are likely to be those places where there is also a high level of unemployment'.¹²

2.10 This organisation referred again to this issue¹³ emphasising that any correlation between intellectual disability and low socio-economic status related, in its view, primarily to people with mild intellectual disability rather than other levels of intellectual disability or other types of disability. While it made no statement as

7. *Transcript of Evidence*, p. 4439 (Disabled Peoples' International, Queensland Branch), p. 5123 (Health Department of Western Australia) and p. 5354 (Jobmatch). See also *Transcript of Evidence*, p. 1338 (Disabled Peoples' International).

8. These factors are also referred to in other sections of the report in consideration of the reasons which may contribute to the success or otherwise of new services for people with disabilities.

9. *Transcript of Evidence*, p. 5328 (Australian Association of Social Workers Ltd (Tasmanian Branch)).

10. *Transcript of Evidence*, pp. 4802, 4803 (Disability Advisory Council of Australia).

11. See Chapter 7, especially Paragraphs 7.137-7.142.

12. *Transcript of Evidence*, p. 3708 (The New South Wales Council for Intellectual Disability).

13. *Transcript of Evidence*, p. 3720 (The New South Wales Council for Intellectual Disability).

to the socio-economic level of other groups, the organisation stated this relationship between socio-economic background and level of disability did not exist 'for some other disabilities' and believed that people with more severe levels of disability at least came to the attention of services¹⁴ (although it should also be noted that a number of people with severe disabilities may not come to the notice of service providers at all). If severity of disability did result in improved access, this would suggest that some of the disadvantages perhaps induced by low-economic status (possibly poor education, limited awareness of opportunity, lack of knowledge of services etc.) could be overcome through more direct bureaucratic or service intervention. To follow through such implications might require not only improved community awareness of what was available, but a more active involvement by governments, based on data collections which were informed by a series of possible outcomes for people with different levels or types of disability. In other words, the increased empowering of people with disabilities might require very clearly targeted policies which can address both the disability and the surrounding circumstances of the individual.

2.11 However, any correlation (if any) between level and type of disability and the effects of this on unemployment would require a more detailed study of the effects of the contribution of type and level of disability and socio-economic status. Such a study would include the extent to which being born into socio-economic disadvantage set a pattern which was difficult to break out of without specific types of assistance, and whether the opportunity for eventual successful outcomes was increased if a person had access to certain services despite having a disability or prior to becoming disabled.

2.12 The socio-economic background of people with disabilities can vary enormously and while the benefits of an enriched and financially secure background may be considerable¹⁵ they may in the end contribute nothing to worthwhile or meaningful employment. Hence, the suggestion that people with severe disabilities were able to overcome some problems of access that could be income-related would not necessarily mean a beneficial outcome for people with severe disabilities, whatever their socio-economic background or status. Persons in this category, whatever the disability type, were generally considered disadvantaged.

2.13 There appears to be limited knowledge about the socio-economic background of people with disabilities, at least as demonstrated in submissions made or evidence given verbally. Nonetheless, the issue is an important one. Being born into socio-economic disadvantage, and to some extent experiencing it later in life, has a

14. *Transcript of Evidence*, p. 3719 (The New South Wales Council for Intellectual Disability). See also *Transcript of Evidence*, p. 4302 where The Queensland Spastic Welfare League stated that 'people feel that the physically disabled have easier access to the workforce' (though the organisation itself was not necessarily in agreement with that view).

15. *Transcript of Evidence*, p. 4177 (Dr M. Steinberg).

number of implications¹⁶ particularly regarding the capacity to take advantage of various opportunities. If access problems are not identified and met through a number of targetted strategies it is likely that programs of both governments and organisations will not in fact meet the needs of people with disabilities.

Recommendation

The Committee RECOMMENDS:

1. That a research project be undertaken to determine the problems of access to services experienced by people with disabilities of differing socio-economic background.

Housing and employment

2.14 A major cost to most people is that of housing or accommodation, with financially disadvantaged persons paying substantial parts of their income on this item and studies indicating that only subsidised housing can move disadvantaged persons from below to above the poverty line. Those who pay private rental on low to moderate incomes will most likely continue to be disadvantaged in the housing market. The quality of housing which many people can afford is also poor, contributing to physical and emotional ill health; for those obliged to move often, primarily for financial reasons, additional insecurity and stress may occur. Lack of choice, location in or near industrial areas, poor transport, distance from cheaper stores etc are also related problems which can be detrimental in both the long and the short term.

2.15 Because the Committee had already completed a report on accommodation¹⁷ little direct evidence was presented on the cost of housing or on the detrimental effects to people with disabilities resulting from poor housing.¹⁸ That housing or accommodation was an important factor for people with disabilities, as for all other members of the community, was, however, noted by those witnesses who looked at the totality of needs:

-
16. Peter Hollingworth, *Australians in Poverty*, Melbourne 1985. See also Louise Crossby *Children and the Future of Work* (Brotherhood of St Laurence: Child Poverty Policy Review 3) Melbourne, 1990, especially Chapter 2.
 17. Senate Standing Committee on Community Affairs report on *Accommodation for People with Disabilities*, AGPS, 1990.
 18. See *Transcript of Evidence*, p. 5573. The National Multiple Sclerosis Society of Australia referred to the effects on families of people with multiple sclerosis, in particular the poverty that resulted from housing costs. In effect the Society was talking about a decrease in income and living standards occurring later in life with the onset of the condition. See also *Transcript of Evidence*, pp. 5864, 5898 (Human Rights and Equal Opportunity Commission).

Equality of opportunity means that housing, transportation, social services, sanitation, education and work opportunities, culture and social life, including sport and recreational institutions, are easily accessible to all. This includes the removal of those barriers that impede the participation of people with disabilities in all areas, allowing them to attain a standard of living equal to all other persons.¹⁹

2.16 Reference was made also to the number of young people with disabilities (including psychiatric disabilities) who were homeless²⁰, and also to the claimed detrimental effects of relatively poor accommodation on a person accustomed to more affluent housing.²¹

2.17 The cost of housing, including modifications in order for people with disabilities to remain living in the community (or to return to the community from institutional accommodation) was investigated in the Committee's report *Accommodation for People with Disabilities*. It was noted there that it was difficult for people with disabilities, who were usually on a low income²², to be able to afford to purchase housing. It was only with the assistance of special purchasing schemes²³ or with parental assistance²⁴ that many people with disabilities can afford this type of security.

2.18 Such factors have an impact on employment issues in general terms – for example, there is likely to be stress as to security of tenure, the problem of finding appropriate housing relative to employment options, and the need to balance housing against other expenses – such as transport costs – in order to optimise employment choice. Since housing is such a major cost factor, it is important to note the implications for retention of housing arrangements of improved employment options. If general, modified or special purpose accommodation is linked to pension status special arrangements may need to be made to allow continued occupancy, or eligibility for rental assistance, for those who move into paid or better paid employment, otherwise a further employment barrier may be created.²⁵

19. *Transcript of Evidence*, p. 4439 (Disabled Peoples' International, Queensland Branch). See also *Transcript of Evidence*, p. 5123 (Health Department of Western Australia).

20. *Transcript of Evidence*, pp. 3956–7 (New South Wales Department of Further Education, Training and Employment).

21. *Transcript of Evidence*, p. 4177 (Dr M. Steinberg).

22. *Accommodation for People with Disabilities*, p. 36 (Paragraph 3.35).

23. *ibid.*

24. Submission No. 2, p. 7 (Miss L. Roberts).

25. See below Recommendations following Paragraph 7.48.

Health and employment

2.19 There is considerable support for the belief that there is a clear correlation between low socio-economic status and poor health²⁶ and health statistics for Australia indicate that certain groups of people, particularly those from locationally disadvantaged areas, have higher illness and death rates from a number of preventable diseases.

2.20 In addition some groups of people may be more exposed than others to environmental factors such as pollution through location of residence or through the location and type of work.²⁷ Poor quality housing may exacerbate or cause health problems, and travel to work may be long and difficult, producing low level but chronic stress. Generally, lack of money may inhibit use of medical services or mean a delay in medical treatment; pharmaceuticals may not be purchased at all, even at low rates, or not purchased in sufficient quantities. Other needs – aids, appliances, various treatments – may not be available or their purchase may need to be postponed for some time. Over a short period, some or many of the above problems can affect individuals noticeably; for those accustomed to them, not even a change in financial status can easily change established patterns or eradicate the ill effects of years of poor health conditions.²⁸

2.21 Evidence presented to the Committee on the poor health status of some people with disabilities was mostly indirect²⁹, and the relationship of this health status to income or to the disability is not easy to determine. While making the basic point that low income can contribute to poor health, it also would be necessary to look more closely at the actual use of health services by people with disabilities to determine the proportionate effects of income/environment/disability.

2.22 It has been suggested that the concern with retention of the Pensioner Health Benefit card (PHB) is an indication of general low health levels among people with disabilities. However, it is more likely that the importance to people with disabilities of the Pensioner Health Benefit card is not necessarily an indication of need for

26. Recent research is summarised in *In Fair Health? Equity and the Health System*, pp. 13-33, especially p. 16 and The National Health Strategy *Setting the Agenda for Change* (National Health Strategy Unit Paper No. 1) November 1990, especially p. 11. See also Daryl Dixon *Unemployment: the Economic and Social Costs* (1988), p. 20.

27. See below, Paragraphs 2.30, 2.32. See also Submission No. 79, pp. 6, 8 (Ethnic Child Care Development Unit); Submission No. 186, p. 15 (Federation of Ethnic Community Councils of Australia).

28. Submission No. 92, p. 5 (ACT Association for Mental Health Incorporated).

29. However, see *Transcript of Evidence*, pp. 5732, 5745-6, where the Epilepsy Foundation of Victoria emphasised that 'the key to effective epilepsy management is quality health care'. Such care was not always available, and this resulted in increased disability (Epilepsy Foundation of Victoria).

medical services but may be a desire for security.³⁰ If people with disabilities have low incomes they may nonetheless utilise medical and related services effectively, and some people with disabilities may always have received good levels of health care, whatever their original or current socio-economic status, *because* of their disability.

2.23 Again, the point to be made is that poor or fluctuating health status can have serious effects on a person's capacity to undertake employment or to be involved in employment on a continued or full-time basis. It is essential for effective employment programs and projects to be flexible enough to meet needs created by health status, including a recognition of different work patterns, the need for part-time work, and for a mixture of employment and recreation.³¹ As is discussed in greater detail below people with some disabilities may require particular work arrangements to avoid situations leading to stress. One submission noted that some people with psychiatric disabilities could not cope with full-time work and 'their conditions of work should be sufficiently flexible to allow deviation from the norm expected of other staff so that they may be relieved of the stresses associated with longer hours'.³²

Other factors affecting participation in employment

2.24 Other major factors which may contribute to disadvantage people with disabilities in the labour market include language, membership of a group with low status, age, gender, and location. A number of submissions referred to the importance of employment programs identifying the particular needs of people with disabilities who may experience other disadvantage because of race, cultural background, or gender and of the lack of sufficiently detailed information about multiple disadvantages.³³ One consumer organisation, DEAC, noted:

DEAC has been aware of the need to provide specialised support and intervention for people who may be "doubly" disadvantaged. That is women and girls who have disabilities, people from non-English speaking backgrounds and Aboriginal people with disabilities.³⁴

The New South Wales Office of the Director of Equal Opportunity in Public Employment told the Committee:

30. See Paragraphs 7.46, 7.49-7.54.

31. See especially Paragraphs 5.17-5.58, 6.253-6.292.

32. Submission No. 92, p. 9 (ACT Association for Mental Health Incorporated).

33. See *Transcript of Evidence*, pp. 676-7 (Centacare) 'Both overt discrimination and the problems faced by minority persons, who are more likely to be economically and socially disadvantaged, are seen as causal factors in . . . under representation'.

34. *Transcript of Evidence*, p. 5587 (DEAC - Disability Employment Action Centre).

People with a physical disability are continually facing the lack of knowledge in able-bodied people about disability and they are constantly fighting the stereotypes held by able-bodied people.

If race and gender bias are also considered then the complexity increases. There is a need to address in greater detail how race, gender and disability impact on each other in regard to Equal Employment Opportunity (EEO).³⁵

Race and culture

2.25 Lack of familiarity with, or fluency in, the major language of society can be both a causal factor and a symptom of disadvantage. It may be associated with poor education, lack of skills/qualifications, or disadvantage may be caused by inability to obtain a position commensurate with high level skills or qualifications. Consequences of both situations may include low income, stress, other health problems, poor access to services and a sense of alienation from dominant social structures.

2.26 To a considerable degree lack of familiarity with the dominant language is associated with membership of low status groups, although this is not always the case, with variations occurring through education levels, income, networks and social/cultural cohesion.

2.27 For people in ethnic communities, poor language skills, limited education, difficulty in establishing self-esteem and the pressures of living in an often unfriendly environment working between two cultures (and experiencing isolation from one or both) can take a considerable toll. Such pressures can affect awareness of services and the capacity to lobby for what are seen as appropriate services. As has been pointed out by one ethnic organisation, a number of people of non-English speaking background have acquired disabilities through employment³⁶, rather than such disabilities having been life-long. Because of this, they may lack knowledge about services available to them and feel further marginalised if they are unable to return to employment or to the same type of employment.

2.28 People of Aboriginal or Torres Strait Islander (ATSI) background are generally considered to be particularly vulnerable physically and emotionally, and to be deemed of low status. In terms of health/life expectancy, housing, education, self-image, independence, and employment, the Aboriginal population *per se* suffers

35. *Transcript of Evidence*, p. 3817 (Office of the Director of Equal Opportunity in Public Employment).

36. Submission No. 79 (Ethnic Child Care Development Unit). See also *Transcript of Evidence*, pp. 5866-5867 (Human Rights and Equal Opportunity Commission (HREOC)).

multiple disadvantages within Australian society and is generally considered the most disadvantaged.³⁷

2.29 While it has been argued that there is not enough information available to enable identification of specific employment problems relating to persons of Aboriginal or Torres Strait Islander or ethnic background with a disability³⁸ there are a number of issues which have been identified by organisations as having detrimental effects on particular groups of disabled people's chances of employment or as being contributory factors to their disability.

2.30 In respect of the latter point, one ethnic organisation suggests that a range of factors, including poor living and working conditions, physically demanding and dangerous work, and a range of environmental factors have contributed to disability conditions or industrial accidents for people of NESB.³⁹ Lack of familiarity with language, inability to understand signs concerning industrial safety, or lack of training in occupational health and safety are also seen as major causal factors of work-related injuries.

Proportionally more people of NESB work and live in poorer conditions, thus general health conditions are of a lower standard.

Proportionally more people of NESB are heavily concentrated in the construction, metal working and manufacturing industries which are all high risk environments, i.e. resulting in proportionally more accidents compounded by:

- Safety regulations not being translated, explained or understood;
- Exposure of chemicals of which potency and effects have not been tested.⁴⁰

37. See *Barriers to Employment*, survey of Department of Social Security Aboriginal and Torres Strait Islander Clients with Disabilities (DSS, 1990). See also *National Health Strategy Setting the Agenda for Change*, p. 11, and *Transcript of Evidence*, p. 5867 (Human Rights and Equal Opportunity Commission).

38. *Transcript of Evidence*, pp. 3838, 3842 (Office of the Director of Equal Opportunity in Public Employment), pp. 5866, 5867 (Human Rights and Equal Opportunity Commission).

39. *Transcript of Evidence*, p. 5866 (Human Rights and Equal Opportunity Commission), and Submission No. 79, p. 6 (Ethnic Child Care Development Unit) and Submission No. 186, p. 15 (Federation of Ethnic Communities' Councils of Australia Inc.).

40. Submission No. 79, p. 6 (Ethnic Child Care Development Unit) and Submission No. 186, p. 15 (Federation of Ethnic Communities' Councils of Australia Inc.).

2.31 The extremely poor health and housing status of Aboriginals in general is a contributing factor to a high level of disability⁴¹ though there is little information on work-related disability; violence, however, may also contribute to a high rate of disability.

... it should not be forgotten that a high level of violence in some communities may also result in a range of injuries.⁴²

2.32 Similar factors – lack of fluency in mainstream language, poor living standards affecting health, and limited experience in accessing services⁴³ or in being able to develop appropriate services to meet special needs – also limit the extent to which people of ATSI or ethnic background benefit from mainstream programs which are established to assist people with disabilities.⁴⁴ In discussing the provision of services to people of non-Anglo cultural backgrounds, a service provider noted that:

Even the whole idea of an outside person helping the person with a disability is a major step. [Another] problem they have to try to get over is a lack of trust of “professionals”. A lot of people that we are working with have been really screwed around by being promised things that have not eventuated. Decisions have been made without consultation with parents, forms filled in – like the nature of consent – without the forms being explained through an interpreter, and forms signed where the actual parent can sign but cannot read and feels embarrassed about being able to say, “I cannot understand this”. That is really common. It is very hard to get over that distrust, especially when you go into a very protected family environment.⁴⁵

2.33 Additional major factors in decreasing access are ones which can be considered cultural. While conceding that their direct knowledge was limited, one service-providing organisation for people with psychiatric disabilities considered that:

people who do not have command of English as their first language are in a very, very difficult situation because they do not have anywhere to turn and they do not have the ability to be able to explore networks, so often they are in a very, very isolated situation.⁴⁶

41. *Transcript of Evidence*, p. 5867 (Human Rights and Equal Opportunity Commission).

42. *Transcript of Evidence*, p. 5867 (Human Rights and Equal Opportunity Commission).

43. Submission No. 79, p. 2 (Ethnic Child Care Development Unit).

44. Submission No. 186, pp. 16-17 (Federation of Ethnic Communities Councils of Australia Inc.).

45. *Transcript of Evidence*, p. 4009 (Community Program Services).

46. *Transcript of Evidence*, p. 580 (Mental Health Co-ordinating Council Inc.).

An organisation representative went on to say:

We have not really addressed it but I think the cultural differences would mean that the problem is a lot more hidden in families with a non-English speaking background. It is still there, however, and there would be a lot more shame and a lot more difficulty in identifying the problem and getting services for people in those families.⁴⁷

2.34 A submission to the inquiry/consultations on Commonwealth legislation prohibiting discrimination on the basis of disability, summarised the problem of Aboriginals and Torres Strait Islanders concisely:

The failure of mainstream services to take into account cultural factors in service delivery, the principles of access and equity and the geographic isolation of this group has led to Aboriginal and Torres Strait Islander people emerging as the most disadvantaged group in Australia, particular in areas such as education. Many Aboriginal and Torres Strait Islander people have low levels of access to higher levels of formal education and a low level of educational achievement and job related skills.⁴⁸

2.35 A number of organisations have pointed out that cultural issues will affect the extent to which some groups are able to access services, and where such services are essential to gain or maintain employment, the inability of some mainstream organisations to meet needs will further limit employment opportunities. Consequently, organisations concerned with the needs of NESB people with disabilities emphasise that:

Ethno-specific services act as advocates of their communities' needs and liaise with the mainstream agencies on the relevant cultural and linguistic considerations in dealing with persons with a disability of a NESB.

Ethno-specific services are not transient, short-term services. They are not "fringe" services to be cut or "pruned" when the need or whim arises. Though the needs of the NESB may change, the philosophies and realities of multiculturalism won't alter. These structures need to be permanent.⁴⁹

2.36 With respect to access and equity issues, evidence suggests that there is likely to be considerable underservicing of groups which cannot use mainstream services

47. *ibid.*

48. Disability Advisory Council of Australia (DACA), *National Disability Discrimination Legislation*, Report of the National Consultations with People with a Disability, AGPS, 1991, p. 19.

49. Submission No. 79, p. 3 (Ethnic Child Care Development Unit).

for a range of reasons⁵⁰, such reasons often including location – particularly for Aboriginal groups.⁵¹

Recommendations

The Committee RECOMMENDS:

2. That the specific needs of people with disabilities of Aboriginal and Torres Strait Islander background (including those in urban and rural areas) be identified and that a strategy be established to ensure the provision of appropriate services.
3. That the specific needs of people with disabilities of non-English speaking background be identified and that a strategy be further developed to ensure the provision of appropriate services.

Location

2.37 Several factors are relevant in disadvantage arising from location. While most disadvantage is perceived to result from living in a remote or rural area with limited access to services, and limited employment and educational opportunities (overcome, if at all, only through re-location), considerable disadvantage also arises in urban areas. Some of these problems – distance from work, poor housing, health problems – were referred to above; the cumulative effects of multiple disadvantage which is linked to location, whether in urban or more remote areas, mean that participation in society can be marginal.

2.38 For people with disabilities, the availability or lack of services in rural or remote areas is, and may well continue to be, a major disadvantage. The evidence provided in most States reinforced the belief that not only were job opportunities likely to be extremely limited for the community in general, and particularly for people with disabilities but that all other services required to enhance access, including education and training, accommodation and support services, were also in short supply.

50. *Transcript of Evidence*, p. 4003 – the Inner-Western Sydney Developmental Disability Service, Community Program Services indicated that changes had begun to reverse this situation; See also *Transcript of Evidence*, p. 5866 (Human Rights and Equal Opportunity Commission): ‘Confronted by a person of non-English speaking background with a disability, a mainstream rehabilitation or training service may be unable to assist adequately due to language difficulties and cultural differences. The person may even be referred to an ‘ethnic’ agency which does not have a rehabilitation function but on the basis that the person’s primary problem is his or her ethnicity’.

51. *Transcript of Evidence*, p. 5867 (Human Rights and Equal Opportunity Commission).

2.39 This raises the issue of equity of service provision, relative to location⁵² and whether it is possible to develop innovative services in order to overcome location problems. Queensland Government officials referred to a scheme operating in Western Australia for people with an intellectual disability⁵³ which appeared able to overcome some problems of service provision in a cost-effective manner. However, as is the case in other States, not all services could be provided so easily:

While the long-term goals must be to provide access to all education and training in institutions, in the short term a program of gradual implementation based on regional and national demands will be needed. This is important for those living in isolated areas, so it is particularly important in Australia with our population being so diverse and with so many isolated areas.⁵⁴

2.40 A further reason given for lack of development of services was the absence of co-ordinated data.⁵⁵

I worked with a group of parents and interested people in a small town called Coleambally out in the far Riverina. When I started working with them, we were working with six people with moderate to severe intellectual disabilities. I helped to establish a small catering service in the Coleambally area which was servicing a number of chook factories in the area. Once we got established, almost overnight, without anyone understanding where they came from we found ourselves with another 10 people banging on the door asking if they could come and get access to some employment support services. Even the local development disability teams, which have a responsibility for providing community based support, were not aware of the existence of five of those people.⁵⁶

2.41 The absence of data certainly affected urban, rural and isolated areas generally, but is an issue which could be a major factor in non-identification of some needs in isolated areas⁵⁷ and failure to provide services, or to utilise those services which did exist.⁵⁸

52. *Transcript of Evidence*, p. 4366 (Department of Family Services, Queensland).

53. *Transcript of Evidence*, p. 4367 (Department of Family Services, Queensland).

54. *Transcript of Evidence*, pp. 4443-4444 (Disabled Peoples' International, Queensland Branch).

55. *Transcript of Evidence*, pp. 3718-3719 (The New South Wales Council for Intellectual Disability).

56. *Transcript of Evidence*, pp. 3718-19 (The New South Wales Council for Intellectual Disability).

57. *Transcript of Evidence*, p. 3720 (The New South Wales Council for Intellectual Disability).

58. *Transcript of Evidence*, p. 3951 (New South Wales Department of Further Education, Training and Employment).